

# DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 5490-000354

## DECLARATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe that I am the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### MINIMALLY INVASIVE CUP IMPACTOR

the specification of which (check one)

- ☒ is attached hereto.  
or  
☐ was filed on \_\_\_\_\_ as Application Serial No. or PCT International Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)				
APPN. SERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORITY CLAIM	
			Yes	No

## DECLARATION AND POWER OF ATTORNEY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### POWER OF ATTORNEY

I hereby appoint David L. Ahlersmeyer, Reg. No. 31,938 of Biomet, Inc.; Stephen J. Foss, Reg. No. 31,251; Richard W. Warner, Reg. No. 38,043; and Michael L. Taylor, Reg. No. 50,521 of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

### CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

Full name of sole or first inventor: Aaron Smith

Inventor's signature: Aaron C. Smith

Date: 11/25/03

Residence: 2307 South Southwood Drive, Warsaw, Indiana 46580

Citizenship: USA

Mailing Address: Same as residence

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: To Be Assigned  
Filing Date: To Be Assigned  
Applicant: Aaron Smith  
Group Art Unit: To Be Assigned  
Examiner: To Be Assigned  
Title: MINIMALLY INVASIVE CUP IMPACTOR  
Attorney Docket: 5490-000354

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Director of the United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**STATEMENT UNDER 37 CFR 3.73(b) AND POWER OF  
ATTORNEY OR AUTHORIZATION OF AGENT**

Under 37 C.F.R. § 3.73(b), the undersigned hereby states that the below-named  
Assignee is an assignee in the above-identified Application:

Assignee: Biomet Manufacturing Corp.  
56 E. Bell Drive  
P.O. Box 587  
Warsaw, Indiana 46581-0587

The documentary evidence of a chain of title from the original owner to the Assignee is  
provided in the Assignment Document(s):

☒ filed herewith,

☐ previously filed,

Reel No. , Frame No.

I hereby declare that all statements made herein of my own knowledge are true, and that  
all statements made on information and belief are believed to be true; and further that these

statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

### POWER OF ATTORNEY

I hereby appoint David L. Ahlersmeyer, Reg. No. 31,938 of Biomet, Inc.; Stephen J. Foss, Reg. No. 31,251; Richard W. Warner, Reg. No. 38,043; and Michael L. Taylor, Reg. No. 50,521 of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

### CORRESPONDENCE ADDRESS

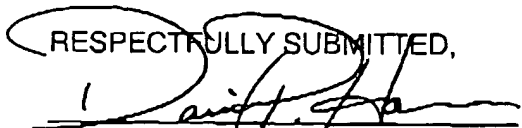
I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

The undersigned (whose title is supplied below) is empowered to sign this certificate on behalf of the assignee.

Date:

11/25/03

RESPECTFULLY SUBMITTED,

  
Name: Daniel P. Harn

Title: Secretary